

STATE OF MINNESOTA
DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION

MEETING THE NEEDS OF THE CRIPPLED
CHILD IN MINNESOTA

Education of Crippled Children in Minnesota
A STATE PLAN (1958)

.....

I. Introduction-- History and Philosophy

Recognition among educators that children may differ significantly from each other and that such differences can have unnecessary and devastating effects has led to the development of special educational services in Minnesota. Children who are crippled manifest a wide variety of physical disabilities (excluding vision and hearing) which may affect adversely their capacities for optimum development. Such children deserve equally careful consideration of their special needs as do all other children. Because of wide variations in physical disability, a range of special educational services have gradually become available. Crippled children may be taught in regular classes, in special classes or schools, in the hospital, or at home.

Such services have been largely confined to metropolitan centers. Minneapolis, St. Paul, and Duluth have had special classes for crippled children for many years. In recent efforts to bring special education to out-state crippled children a home instruction program was established in 1950. However, much still remains to be done in the development of a state-wide program.

Three important facts must be kept in mind in charting future developments. (1) Because of social and emotional needs similar to those of other children, boys and girls who are crippled should receive special educational consideration as close to home as is practical; (2) where previous regulations permitted special educational consideration for crippled children of normal mentality, new regulations make such consideration mandatory for all crippled children who are educable (roughly above 50 I.Q.); while medical advances have dramatically cut down on the incidence of orthopedic disabilities and have greatly reduced infant mortality, a side effect has been the survival of children with disabilities of a magnitude hardly imaginable in the past. Children with cerebral palsy almost invariably present multiple problems, and this fact has complicated enormously the task of planning appropriate special educational procedures for them.

Recent legislative action and subsequent expansion in the Division of Special Education, Minnesota Department of Education, now make possible significant developments in the field of special education for all of Minnesota's crippled children.

This bulletin is designed to provide guide lines for the expansion and improvement of such educational services.

II. Legal basis for provisions

The 1957 Minnesota Legislature acted to make special educational services mandatory for all educable handicapped children. Excerpts from the law follow:

(laws 1957, Chapter 867) Section 1. Every school district and unorganized territory shall provide special instruction and services for handicapped children of school age who are residents of such district or unorganized territory. School age as used in this act shall mean the ages of four years to twenty-one years inclusive for children who are crippled ; and shall not extend beyond secondary school or its equivalent.

Section 2, Subdivision 1, Every child who is crippled or who has defective speech or who is otherwise physically impaired in body or limb so that he needs special instruction and services, but who is educable, as determined by the standards of the State Board of Education, is a handicapped child.

Section 4, The State Board of Education shall promulgate rules relative to qualifications of essential personnel, courses of study, methods of instruction, pupil eligibility, size of classes, rooms, equipment, supervision and any other rules and standards it deems necessary.

In the light of these actions the State Board of Education has established policies regarding the special education of crippled children in Minnesota. Where they are pertinent, the legal bases for statements will be quoted.

III. Reimbursement

Where special instruction is carried out in approved fashion, the school system providing such services may be reimbursed for certain costs.

A. Salaries of personnel--Section 5, The state shall pay to any school district and unorganized territory; a. for the employment in its educational program for handicapped children, two-thirds of the salary of essential professional personnel, but this amount shall not exceed \$3,600 for the normal school year for each full-time person employed, or a pro-rata amount for a part-time person or a person employed for a limited time, including, but not limited to summer school;

B. Supplies and equipment--Section 6, The state shall reimburse each district or unorganized territory for supplies and equipment purchased or rented for use in the instruction of handicapped children in the amount of one-half of the sum actually expended by the district or unorganized territory but not to exceed \$50 in any one school year for each handicapped child receiving instruction.

C. Transportation or board and lodging--Section 7, The state shall reimburse each district or unorganized territory for the transportation or board and lodging of handicapped children when approved by the state board of education, at rates to be determined by the state board of education, but this amount shall not exceed \$225 annually for each . . . crippled child Transportation funds may be used for conveying handicapped children between home and school and within the school plant.

IV. Types of disability

Every child who is crippled or who is otherwise physically impaired in body or limb so that he needs special instruction and services is a handicapped child.

Children may become temporarily or permanently crippled at any time. They may become crippled for many reasons. They may have all degrees of physical involvement from very mild disability to almost complete helplessness.

Specific disabilities might result from congenital amputations, cerebral palsy, poliomyelitis, birth injuries, accidents, infections, and other conditions. Such matters are primarily of medical concern. While the teacher of crippled children should be interested in, and informed about, the medical aspects of crippling, he should be much more concerned with the educational and psychological implications of functional disability. Can the child sit erect and hold his head up? What use does he have of his hands and legs? How is his ability to communicate? Is he under medication for seizures? What associated sensory defects are there? What is his intellectual capacity? What is his ultimate prognosis?

The physiological pathology and treatment are the responsibility of the medical specialties. Continuous evaluation of physical progress and treatment needs can only be accomplished through close cooperation among the medical specialties involved in individual cases. Difficulties in movement and communication, perception and concept formation should primarily concern the teacher.

V. Eligibility

Children who are crippled may be considered for special educational services

1. Upon a written statement from a qualified medical doctor (preferably an orthopedist or physiatrist) which

- a. Certifies physical disability
- b. Requests special educational consideration*

and

2. Upon written evidence from a Certified Psychologist as to educability. This would mean a measured Intelligence Quotient above 50 obtained from a validly administered standardized individual intelligence test such as the Stanford-Binet Intelligence Scale or the Wechsler Intelligence Scale for Children (W.I.S.C.).

Where previous school history would indicate that a child is educable, the psychological evaluation does not have to precede provisional placement of a crippled child for education at home.

The above kinds of evidence and any other pertinent information should serve as the basis for a careful study by local school officials of appropriate possibilities for special educational services in each individual case. Evidence from neurological and other special examinations should also be considered whenever necessary.

*The final decision on actual educational placement is an educational matter to be made by school people in the light of a child's physical limitations and existing educational facilities.

VI. Location of Children

Continuing efforts should be made by school districts to locate crippled children who may be in need of special educational services. To make such efforts of maximum effectiveness school officials should enlist the aid of:

- a. State Crippled Children's Service
- b. Physicians
- c. Public health nurses and school nurses
- d. Teachers
- e. Parents
- f. County welfare personnel
- g. Private health and welfare agencies

School census records may provide valuable clues to children in need of special services. To establish the need for providing new educational services for crippled children it will be necessary that school officials conduct a community survey. The actual survey should be carried out by a survey committee whose membership might include doctors, nurses, teachers, parents, and representatives of community agencies which will not only be able to locate these children but also be able to determine their special needs.

VII. Numbers of children needing special educational services

National estimates of crippling point to an incidence of approximately fifteen per thousand population. It has been further estimated that two-thirds of these children could be served adequately in regular classes with little or no special consideration because of physical disability. Thus, out of each 1,000 school children only FIVE would need consideration for other than regular class placement because of crippling. School systems will have to think individually or cooperatively in terms of a school population of 1,500 to 2,000 children before a special class is a practical solution to the special educational needs of crippled children.

VIII. Interdistrict cooperation

The law states that one acceptable way for providing necessary special educational services is through instruction and services in other districts. This fact makes joint planning practical in many instances. The law makes these further statements regarding reimbursement under cooperative circumstances.

Section 5. The state shall pay to any school district and unorganized territory (b) for the employment of an individual jointly with another district or districts or unorganized territory in its educational program for handicapped children, two-thirds of the salary of essential professional personnel, but this amount shall not exceed \$3,600 per annum for each full-time person employed, or a prorata amount for a part-time person or a person employed for a limited time including but not limited to summer school.

Section 8. The aids provided for in sections 5 (salaries of essential professional personnel) and 6 (supplies and equipment) shall be paid to the district providing the special instruction and services. Basic aid and equalization aid shall be paid to the district or unorganized territory of the pupils' residence. The amount of aid for special instruction and services for handicapped children as provided in sections 5 and 6 may not

exceed the amount expended for such special instruction and services for handicapped children for the year for which the aid is paid.

A school district which provides special educational services to children from other districts may, by cooperative contractual agreements, charge a per capita cost for all services which are provided but for which they are not reimbursed.

Section 9. If the instruction and services are provided outside the district of residence, transportation or board and lodging, and any tuition to be paid, shall be paid by the district of residence. The tuition rate to be charged for any handicapped child shall be the actual cost of providing special instruction and services to the child including a proportionate amount for capital outlay and debt service minus the amount of special aid for handicapped children received on behalf of that child. . . .

IX. Types of educational placement for crippled children

There are several ways in which crippled children may be served educationally. This section describes briefly some of these possible placements.

A. Regular class - A majority of mildly disabled children (and some with greater physical disability) may benefit greatly from placement among normal children. Architectural barriers, freedom of movement, and protection from possible physical injury must be considered. Such placement may also be of great value to normal children in improved social attitudes.

B. Homebound - Educable crippled children may be taught at home if they are either temporarily or permanently homebound due to orthopedic disability. For a child confined at home by temporary disability his regular teacher or a special homebound teacher may tutor him during his period of home confinement, and the local school system may be reimbursed for such teaching. For a crippled child who is permanently homebound or who is educable mentally retarded the instruction shall be provided by a teacher who has had special training for this work. A child should be considered for home instruction if his confinement seems likely to extend beyond three weeks.

For children beyond nine years of age school may be brought to a child through telephone service - which should be supplemented by a home teacher to be of maximum benefit. For further information about home teaching by telephone contact the nearest office of Northwestern Bell Telephone Company.

The school system which uses telephone teaching for homebound crippled children may be reimbursed for such services under the provisions described in section III-B of this directive.

Only in extreme cases should home teaching be used for permanently homebound children since there are important benefits to be gained through socialization with other children in an educational program.

C. Hospital or Convalescent Center - In many hospital situations a child's recovery from illness or disability may actually be speeded up through the provision of educational experiences. In the case of long-term confinement such special education may also prevent a child from falling too far behind classmates in his scholastic activities. Teaching may be done either at the individual bedside or with groups of children having similar educational needs.

D. Special Class - Children who are crippled may need special class placement because of a. severity of defect, b. multiple defects, c. limited mentality, or d. medical treatment needs. The class ideally should be housed in a regular elementary school building. Needed treatment facilities should be available and close enough, although not necessarily in the school building. Deliberate efforts should be made to integrate special class children into as many general school activities as is physically possible.

A special class should not be established for fewer than five children, and there should be the possibility of increasing the enrollment to twelve-fifteen children with an age range of less than four years before a school system moves seriously in this direction. Such a class may be established by a local system or cooperatively on an inter-district basis.

E. Special Orthopedic Unit or Special School - Where there are enough crippled children for several classes, the special education program may be organized in a special orthopedic unit which is attached as a functional part of a regular elementary school building or in a special school with complete medical treatment facilities.

The special school affords some opportunity for more homogeneous grouping of crippled children and has an obvious and important continuing role to play in the education and treatment of crippled children manifesting multiple disability and mental retardation.

In considering the need for establishing additional special schools or special orthopedic units matters such as transportation distances and social interaction with normal peers warrant careful attention. While there are some obvious advantages to having all of the educational and medical facilities under the same roof, some children have to be transported excessive distances or live in foster homes. The special school allows limited opportunity for potentially valuable social and educational contacts with normal children. These matters deserve as much attention as items of cost in providing services.

F. Special Residential School - For some crippled children placement in a residential school, either for extended observation and intensive treatment or for continuing education, is necessary.

G. Residential Custodial Placement - Some crippled children who are severely disabled and/or severely mentally retarded may benefit maximally from placement in a custodial residential facility.

X. Application for approval of special service

Application for approval to establish special educational services for crippled children shall be made to the Director, Division of Special Education, State Department of Education, upon suitable application forms. The application requires supporting information about

- a. Training and qualifications of teacher
- b. Proper identification of crippled children
- c. Numbers to be served
- d. Methods of providing services
- e. Housing of services
- f. Sources for supplies and equipment

XI. Admission procedure

In determining the eligibility of a crippled child, and in planning a suitable educational program, a careful and complete psychological evaluation must be carried out by a Certified Psychologist. If there are few questions as to the validity of the psychological appraisal (absence of complicating factors), there is little need for a trial placement in the special educational program. However, as the validity of the psychological appraisal is increasingly questioned (severity or multiplicity of disability), there is greater need for tryout in hopefully suitable placement. Trial placement should not be less than two weeks long and might profitably be as long as six months in some cases. Further decisions regarding continuing or other placement must then be made by an advisory committee charged with this responsibility.

XII. Special class size

Special classes may be organized for crippled children where there are five eligible children. In line with prevailing educational practice across the country desirable maximum class size of elementary classes is twelve children. Where there are few, and minimally involved, cerebral palsied children, and children are approximately the same age, maximum class size may be fifteen children. Where children are crippled and educable mentally retarded, a desirable maximum class size is ten.

Administrators and the staff of classes which exceed these maximums should move deliberately in the direction of cutting down class size to more reasonable numbers.

XIII. Essential professional personnel

There are several kinds of personnel who are important in carrying out effective special educational services for crippled children. These include

- a. Special teachers
- b. Speech correctionists
- c. Physical therapists
- d. Occupational therapists
- e. School nurses
- f. Attendants

The nurse and attendants assigned to work with crippled children perform an essential service. The school system which hires such personnel for its program shall be eligible for reimbursement under section III-A of this directive.

XIV. Therapies

In considering the special needs of crippled children careful attention must be given to several therapies which constitute an important part of the educational program. While special educational services may be undertaken without any of these therapies, in most cases it will be wise to consider the special medical needs of these children at the same time provisions are planned for their special educational needs.

A. Speech therapy - Many crippled children need speech therapy. Such work should be done only by a qualified speech therapist who meets the American Speech and Hearing Association's basic speech certification requirements as well as state certification requirements. If a school system hires a speech therapist

to work with other children having speech problems, deliberate efforts must be made to see that crippled children in need of speech therapy get a proportionate share of therapy time.

B. Physical therapy - This service should be provided for crippled children as needed. Physical therapy must be carried out by medical prescription and under medical supervision. The physical therapist should be qualified and a member of the Physical Therapy Register.

C. Occupational therapy - This service should also be provided for crippled children as needed. Occupational therapy must be prescribed by a medical doctor and carried out under medical supervision. The occupational therapist must be qualified and a member of the Occupational Therapy Register.

XV. Teacher qualifications

The teacher of crippled children must have special personal and professional characteristics. He should have good mental and physical health, a sense of humor, and a sympathetic understanding and realistic objectivity about his work.

The State Department of Education requires special certificates for teachers of crippled children. There are two ways in which persons may become academically qualified to teach crippled children.

A. Students in training as elementary or secondary teachers may, within a four-year degree program, complete a minor in special education which qualifies them to work as special teachers.

B. Experienced regular teachers (two years minimum) who hold valid certificates to teach elementary or secondary school children may become qualified to teach crippled children upon completion of the EQUIVALENT to a minor in special education. This means completion of 23 quarter hours of approved courses related to teaching crippled children. At the present time it is possible to become provisionally qualified for two years upon completion of eight quarter hours of acceptable course work in special education. Consult teacher training institutions such as the University of Minnesota for information about actual courses which apply toward certification.

The qualified teacher takes every opportunity to become a better teacher through in-service workshops and professional meetings. He works to increase his competence through membership and participation in professional organizations such as the International Council for Exceptional Children.

The professional teacher loses no opportunity to point with pride to his activities, to interpret the special educational program to the community, and to influence young people to consider careers in service benefitting handicapped children.

XVI. Records

Administrators and special educational personnel shall keep appropriate records of children receiving special services. Such records shall include cumulative reports which will be of value in continuous planning for each child's further education and records required by the State Department of Education for approval of the program. Medical evaluations and recommendations constitute an essential part of each child's continuing record file.

XVII. Consultation

Staff members of the Division of Special Education, State Department of Education, are available for help in

- a. Development of community awareness of need for special services
- b. Community education
- c. Establishment of programs
- d. Supervision of existing services
- e. In-service training of teachers
- f. Long-range program development

Consultation on these and other problems is also available from the personnel of special education programs in the state colleges and the University of Minnesota.

XVIII. Equipment and supplies

adjustable seats and desks
tables varying in size (clearance for wheel-chairs)
stand-up table
chairs on rollers
folding screens
2-3 cots or mats in room for relaxation
filing cabinet for records
ballpoint pens
lacing and button boards
large dolls for dressing
shoes for lacing
provision for pets
reference books
easels
portable reading racks
weighted doll buggy
supplementary books
three-speed phonograph and records
piano
gadget board
work bench and tools
typewriters and tables
large dictionary
globe
maps and map racks
typing paper
conference size table
stop watch
handrails at blackboards
puzzles
large crayons
large pencils and pencil holders
Scotch tape
finger painting materials
plastic letters
blunt scissors
suitable workbooks

Therapy equipment

treatment table (padded)	crutches
parallel bars	relaxation chair
stand-up table	pulley system
practice steps	sink
gym mats	small chairs
heat lamp	sand bags
full-length mirror	loom
walkers	work bench
tricycles	sand table

XIX. Annotated bibliography for teachers of crippled children

(In process)

XX. Annotated list of referral agencies - public and private

(In process)

.....

Should there be an Appendix which includes copies of the forms which are required by the State Department of Education? Should the complete special education law be quoted in an Appendix?

There are two items which merit inclusion but which are also in the process of preparation.

1. An actual listing of the steps in establishing a new unit - check list sort of thing for an administrator to follow in developing a program
2. A statement describing an advisory committee, its composition and responsibilities for decisions at the local level in carrying out a special program